



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 6, 2019

Ms. Lois Langlois, Manager  
Rivers Edge Community Care Home  
5 Hunt Street  
Bennington, VT 05201

Dear Ms. Langlois:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 3, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  04/03/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIVERS EDGE COMMUNITY CARE HOME

5 HUNT STREET  
BENNINGTON, VT 05201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100 Initial Comments:

An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 4/3/2019. The following regulatory deficiencies were identified.

R134 SS=D V. RESIDENT CARE AND HOME SERVICES

5.7 Assessment

5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to assess one resident in the applicable sample, Resident #1, regarding self-administration of medication. Findings include:

During record review for Resident #1 the Medication Administration Record indicates that s/he self-administers insulin. Interview with the Registered Nurse, on 4/3/19 at 10:10 AM, that the resident has administered his/her own insulin for a very long time and confirmed that s/he has never done an assessment for Resident #1 to determine his/her capabilities to self-administer.

R175 SS=D V. RESIDENT CARE AND HOME SERVICES

R100

R134

SELF-

R175

4/16/19

RESIDENT HAS BEEN OBSERVED PRIOR TO ALLOWING BLOOD SUGAR TESTING AND SELF-ADMINISTRATION OF INSULIN BY RN AND DEEMED SAFE TO PERFORM. NO DOCUMENTATION COMPLETED.  
POLICY UPDATED ON SELF ADMINISTRATION OF MEDICATIONS.  
SELF ADMINISTRATION CHECKLIST CREATED FOR RN TO COMPLETE UPON ADMISSION.  
RESIDENT #1 MEETS ALL CRITERIA FOR SELF ADMINISTRATION OF INSULIN.  
COMPLETED 4/10/19

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

CEP011

If continuation sheet 1 of 4

R134 - R200 POCs accepted 5/3/19 SFreemanRN/PMC

Division of Licensing and Protection

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R175	Continued From page 1  5.10 Medication Management  5.10.h (3)  Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure secured storage space was available for one resident in the applicable sample, Resident #1, that self-administers medication. Findings include:  Resident #1 self-administers insulin and tests his/her blood sugars and when inquiry was made regarding storage of the insulin and testing supplies, the Registered Nurse (RN) directed that the insulin and supplies were kept in a cabinet near where the resident sits when s/he does their insulin injections. The cabinet sits on the floor and is not locked in a hall that is accessed by other residents and staff. The RN confirmed at 10:10 AM that the facility does not have individual secured areas for residents that self-administer and that Resident #1's insulin is not secured per regulation.	R175	4/16/19 Lock placed ON CUPBOARD WHERE INSULIN SUPPLIES ARE KEPT. ON 4/3/19	
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services	R181		

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R181	Continued From page 2  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 (one) of 5 (five) direct care staff in the sample had the required background checks completed. Findings include:  There was no evidence that the facility had obtained the required Adult and Child Abuse Registry Checks for one staff member. On 4/3/2019 at 11:15, during an interview, the person who is responsible to obtain the required background checks confirmed that the required background checks had not been completed.	R181	4/16/19  NEW HIRE CHECKLIST CREATED TO TRACK REQUIRED DOCUMENTS TO INCLUDE BACKGROUND CHECKS. NEW HIRES WILL NOT BE SCHEDULED TO WORK UNTIL BACKGROUND CHECKS COMPLETED. MANAGER WILL ENSURE ALL DOCUMENTATION IS COMPLETED.  BACKGROUND CHECK COMPLETED ON MISSING STAFF 4/3/19	

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R200	Continued From page 3	R200		
R200 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that there was a policy and procedure regarding self-administration of medications. Findings include:</p> <p>Resident #1 self-administers insulin and during review of policies, with the Registered Nurse on 4/3/19 at 10:10 AM, s/he confirmed that the facility does not have a policy regarding resident's self-administration of medications.</p>	R200	<p>4/10/19</p> <p>POLICY REGARDING SELF ADMINISTRATION OF MEDICATIONS COMPLETED 4/10/19</p>	